June 7, 2018

Dear Government Members of the ILO Governing Body:

We, the undersigned organizations, request current ILO contracts with Japan Tobacco International (JTI) and a group that is dominated by the tobacco industry, “Eliminating Child Labor in Tobacco” (ECLT), set to expire December and June 2018, respectively, not be considered for renewal or extension until a decision can be reached on whether the ILO will prohibit cooperation and public-private partnerships with the tobacco industry in compliance with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

On 16 October 2017, 154 organizations called on the ILO to end its PPP with the tobacco industry and its collaborators. However, due to extenuating circumstances, the ILO Governing Body has not yet made a decision on the matter. The looming expiration of the ECLT contract this month places renewed urgency on the ILO to, at a minimum, not perpetuate its entanglements with the tobacco industry until such time that a decision on the broader question can be reached.

Collaboration with tobacco companies presents several conflicts of interest for the ILO and risks global public health:

- **Internal tobacco industry documents reveal partnerships with respectable organizations like the ILO are intended to provide cover for egregious tobacco industry abuse.** Indeed, tobacco industry investments in the ILO have a nominal impact on child labor as they focus on the cycle of poverty of tobacco farmers and neglect to address tobacco industry practices such as the administration of unfair contracts, collusion over leaf prices, and inflation of the costs for farm inputs that perpetuate poverty in the first place. Such projects come at significantly less cost to the industry than paying fair prices for tobacco leaf that would provide sustainable livelihoods for farmers and allow them to pull their children out of hazardous labour. In fact, the tobacco industry has derived nearly twenty times more in economic benefit from unpaid child labor in Malawi alone than it spent on all its social programming.

- **ILO collaboration with the ECLT legitimizes a known tobacco industry front group.** British American Tobacco co-founded the ECLT in October 2000 with the nominal aim of protecting children from harmful agricultural work practices in tobacco growing through research and education; later, Philip Morris International and other tobacco industry organizations joined. ECLT is an alliance of tobacco companies and growers and according to their most recent annual report, led exclusively by tobacco companies and members of the tobacco industry. ECLT’s stated intention may be to ensure tobacco-growing communities can ensure that their children are healthy, educated and safe, but the reality is that it is an industry that profits from people

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1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564665/
who overwhelmingly become addicted to its products as children, and which inflicts enormous hardship and poverty.  

- **Collaboration with the tobacco industry undermines the ILO’s obligations as a UN entity.**
  Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) makes clear that the tobacco industry’s interests are inherently in conflict with those of public health and, therefore, the industry cannot participate in setting or implementing public health policy. This is the backbone of the FCTC, without which implementation of the treaty cannot succeed.

- **The ILO’s partnerships with the tobacco industry contravenes the expectation that the ILO is in policy coherence with the FCTC as a UN treaty.** There is evidence that the tobacco industry has exploited the ILO to advance its objectives within the UN more broadly. For example, an internal document from British American Tobacco said, “The ILO has a unique role as a UN organisation in bringing together representatives of governments, workers and employers. It thus provides official access to an UN body in a way that is not available from other UN bodies.”

The ILO risks tarnishing its reputation and the effectiveness of its work if it chooses to continue these partnerships with the tobacco industry. Such relationships contravene the WHO FCTC and enable the tobacco industry to tout its relationship with a reputable institution while continuing to undermine public health policymaking, exploit farmers, and obstruct farm workers’ right to collective bargaining.

This month’s expiration date of one of the ILO’s tobacco industry partners creates a matter of some urgency for our request. While the world waits for the ILO to decide on whether or not it will comply with the WHO FCTC, we respectively request that current contracts with the tobacco industry be allowed to expired, expired contracts not be negotiated for renewal, and no new contracts with the tobacco industry be established.

Should you have any questions or wish to discuss further, please contact Mischa Terzyk at terzykm@fctc.org.

Sincerely, the below-signed individuals and organizations:

Academie de médecine, France

ACT Promoção da Saúde (ACT Health Promotion), Brazil

Action on Smoking and Health (UK), UK

Advocacy Center "Life", Ukraine

African Tobacco Control Alliance (ATCA), Togo

Afrique Contre le Tabac, Burkina Faso

Airspace Action on Smoking and Health, Canada

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6 [https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/#id=xshl0204](https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/#id=xshl0204)
Alianza Dominicana Antitabaquismo (ADAT), Republica Dominicana
ALIANZA ENT-PERÚ, PERU
American Cancer Society, USA
Argentine Society of Cardiology, Argentina
ASH, USA
ASH Finland, Finland
ASH Ireland, Ireland
ASH Scotland, Scotland, UK
ASH Thailand, Thailand
Association for Community Development, Bangladesh
Austrian Council on Smoking and Health, Austria
Bangladesh Institute of Theatre Arts (BITA), Bangladesh
Belgian Foundation Against Cancer, Belgium
Brazilian Medical Association (AMB), Brazil
C3t, Cameroun
Cambodia Movement for Health, Cambodia
Campaign for Good Governance (SUPRO), Bangladesh
Campaign for Tobacco-Free Kids, USA
CANCER AID SOCIETY, INDIA
Cancer Research UK, United Kingdom
Center for Tobacco Control in Africa, Uganda
Centre for Workers' Management, India
Centro de Investigación para la Epidemia del Tabaquismo, Uruguay
CNS (Citizen News Service), India
Coalición Latinoamérica Saludable, USA
Coalición México Salud-Hable, México
COALICION PANAMEÑA CONTRA EL TABAQUISMO, PANAMA
COALITION PANAMENIAN AGAINST TOBACCO (COPACET), PANAMÁ
COMISION NACIONAL PERMANENTE DE LUCHA ANTITABÁQUICA - COLAT, PERU
Comité National Contre le Tabagisme, France
Consortium for Tobacco Free Karnataka, India
Consumer Voice, India
Consumers Association of Penang, Malaysia, Malaysia
Corporate Accountability, United States
Council for Public Health and the Problems of Demography, Russia
CRES, SENEGAL
Danish Cancer Society, Denmark
Dhaka Ahsania Mission, Bangladesh
División de prevención de ENT, Rep Dominicana
Dominican Pediatric Society, Dominican Republic
Dutch Cancer Society, The Netherlands
Escuela de Nutricion, Panama
FACIMED, Argentina
FFO, Pakistan
Fic Bolivia, Bolivia
Foundation "Smart Health - Health in 3D", Poland
Framework Convention Alliance (FCA), international
Frente por un Chile Saludable, Chile
Fresh- Making Smoking History, UK
Fundación Anáas, Colombia
Fundación Dominicana de Obesidad y Prevención Cardiovasculara (FUNDO), Republica Dominicana
Fundación Ecuatoriana de Salud Respiratoria FESAR, Ecuador
Fundación InterAmericana del Corazón México, Mexico
Fundación Movicancer, Nicaragua
GenZ GenStrong Thailand, Thai
Global Network for Tobacco Free Healthcare Services, Ireland
Health Action by People, India
Health Development and Anti Malaria Association, Ethiopia
Health Justice Phil., Philippines
HealthBridge, Canada
Help for All, Pakistan
HRIDAY, India
Human Development Foundation, Pakistan
Indian Cancer Society, Delhi, India
Indonesian Public Health Association, Indonesia
Initiative pour l 'Education et le Contrôle du Tabagisme, BENIN
InterAmerican Heart Foundation (IAHF), USA
Japan Cancer Society, Japan
Japan Society for Tobacco Control, Japan
Jeewaka Foundation, Sri Lanka
Kenya Tobacco Control Alliance, Kenya
Kyiv city Public Health Center, Ukraine
Lithuanian Tobacco and Alcohol Control Coalition, Lithuania
Longfonds (Dutch Lung Foundation), Netherlands
MINISTERIO DE SALUD, Panamá
Ministerio de Salud de Panamá, Panamá
Movement for Alternatives and Youth Awareness, India
National Authority on Tobacco and Alcohol, Sri Lanka
National Heart Foundation of Bangladesh, Bangladesh
National Poison Centre, Malaysia
National Tobacco Control Cell, Bangladesh
NCD Alliance, Switzerland
Neima Hellen, Uganda
NGO "Advocacy Center "LIFE", Ukraine
Norwegian Cancer Society, Norway
Nucleo de Estudos e Tratamento do Tabagismo (NETT) - Universidade Federal do Rio de Janeiro, Brazil
OxySuisse, Switzerland
Pakistan National Heart Association (PANAH), Pakistan
Paris sans tabac, France
`Pratyasha' Anti-Drug's Club, Bangladesh
PROGGA (Knowledge for Progress), Bangladesh
PROI, Bosnia and Herzegovina
Slovenian coalition for public health, environment and tobacco control (SCTC), Slovenia
Smoke Free Partnership, EU
Socialist Party (India), India
Sociedad Dominicana de medicina familiar, Santo Domingo Republica Dominicanas
Sociedad Dominicana De Neumologia y Cirugía del Torax, República Dominicana
Sociedad Uruguaya de Tabacología, Uruguay
Sodenn, República Dominicana
Southeast Asia Tobacco Control Alliance (SEATCA), Thailand
Swiss Association for Tobacco Prevention, Switzerland
Tanzania Tobacco Control Forum, Tanzania
Tobacco Free Association of Zambia, Zambia
Tobacco-Free Finland, Finland
TobaccoFree Research Institute Ireland, Ireland
Tobaksfakta -(TobaccoFacts)- Independant ThinkTank Sweden, Sweden
Turkish Respiratory Society, Turkey
UBINIG (Policy Research for Development Alternative), Bangladesh
Uganda Cancer Society, Uganda
Uganda National Health Users'/Consumers' Organization, Uganda
Unfairtobacco, Germany
Universidad Centroamericana "José Simeón Cañas", UCA, El Salvador
Vaagdhara, India
Vinoba Sewa Ashram, INDIA
Vision for Alternative Development, Ghana
Vital Strategies, USA
Voluntary Health Association of India, India
Vote For Health Campaign, India
World Heart Federation, Switzerland
XQNS Initiative, SPAIN
Young Power in Social Action (YPSA), Bangladesh
Youth Health Care and Development Africa, Uganda
Zambia Heart and Stroke Foundation, Zambia
Zambia Non-Communicable Diseases Alliance, Zambia